



# APPLICATION FOR PERMIT TO SELL GOODS ON A PUBLIC STREET

## CITY OF SLEEPY EYE, MINNESOTA

200 Main St. E, Sleepy Eye MN 56085

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

WHAT IS BEING SOLD: \_\_\_\_\_

COMPANY PHONE #: \_\_\_\_\_

DATE(S) GOODS WILL BE SOLD: \_\_\_\_\_

FOOD LICENSE # \_\_\_\_\_

*(If Food is being Sold)*

PRESIDENT/OWNER(S): (PRINT) \_\_\_\_\_

\_\_\_\_\_

SIGNATURE OF PRESIDENT/OWNER(S): \_\_\_\_\_

\_\_\_\_\_